Application Form for Membership on the Michigan English Language Proficiency Assessment Standard Setting Committee

Directions: You may (1) type responses directly into the PDF file and then print or (2) print the application and fill in the form. The demographic information is needed for NCLB documen tation only, and will be used in an aggregated form only for reporting.

After completing the form, mail or fax to the corresponding address/fax number on the following page.

Applicant Name:				Home Telephone:		
E-mail:				Work Telephone:		
Preferred Mailing Address				Alternate Mailing Address		
Gender Male	School/District Lo	ocation	Age Less than 21		Experience wi Populations	th Special
☐ Female	☐ Suburban		☐ 21 to 35		☐ Students	with Disabilities
	□ Urban		☐ 36 to 50		☐ English la	nguage learners
			☐ Greater than 5	0		
Ethnicity American Indian, Alaska Native, Asian/Pacific Islander Black, not of Hispanic Origin White, not of Hispanic Origin Hispanic Other				E S A C A	e Language of Anglish panish rabic haldean lbanian mong	Applicant Bengali Chinese Japanese Vietnamese Serbo-Croatian Other (specify)
Highest Education Completed High School Diploma		Occupation(s)				
☐ Post High School Certificate ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate		Native language(s) spoken by your student population				
Place any additional comments here.						

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Applicant Name		
	ership on the Michigan English Langu age Standard Setting Committee. My role is:	Proficiency Assessment
Teacher, currently to	eaching grade/s	
Assessment Coordin	ator	
Curriculum Coordina	ator	
Parent		
Briefly describe you	r experience in K-12 education.	
Community Membe	r	
Briefly descr	be your experience in K-12 education.	
collaboratively at meetings, and Department of Education. I will	standard setting meetings as a member of to comply with confidentiality and oth er obtain approval from my supervisor. I am nts and accountability for Michigan school	requirements of the Michigan necession committed to establishing quality
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Applicant Signature		 Date
	Return this form by June 10, 2006 to: Dr. Joseph Martineau.	

Return this form by June 10, 2006 to:
Dr. Joseph Martineau,
Michigan Department of Education/OEAA
P.O. Box 30008
Lansing, MI 48909-0008
FAX: (517) 335-1186
E-mail:martineauj@michigan.gov